

EXHIBIT 6 TO THE MEMORANDUM OF LAW

Ex6mol



7-11 South Broadway, Suite 210A
White Plains, NY 10601
Toll-Free 866-400-2966, 914-422-2966

August 24, 2007

Mr. Oliver L. Velez
14 Richbell Road
White Plains, NY 10605

Dear Oliver:

As you know, you are listed on Schedule B of MT's Form BD as an indirect owner. When your U5 was filed, it created a "Page 2 deficiency" for Mastertrader. In order to cure this deficiency, MT is required to file a U4 Page 2BD on your behalf. I have attached a draft of the filing for your review. Please answer Section 13. OTHER BUSINESS and attach it as an exhibit.

In an email dated June 22, 2007 you were advised that you were then, and continue to be now, in violation of Rules 3030 and 3040. Therefore we are not able to complete this section on your behalf. Additionally please sign next to your name listed as the Applicant at the end of the EXECUTION section. This is your attestation that the information to be filed is currently accurate and complete. We ask that your submission to this request be received in our office in White Plains to my attention by the close of business on Friday, September 7, 2007. Your failure to do so will be construed as your refusal to comply with this request. We will then have to proceed accordingly.

Thank you for your attention to this matter.

A handwritten signature in black ink, appearing to read "Jaime", with a large, stylized flourish extending from the end of the name.

Jaime Annexy
President
Mastertrader.com
www.mastertrader.com
914-422-2966

FORM U4

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

U4 - P2BDINITIAL
08/23/2007

Rev. Form U4 (10/2005)

9. IDENTIFYING INFORMATION/NAME CHANGE

First Name: OLIVER	Middle Name: LIONEL	Last Name: VELEZ
Suffix:	Date of Birth (MM/DD/YYYY) 02/15/1966	
State/Province of Birth NY	Country of Birth	Sex <input checked="" type="radio"/> Male <input type="radio"/> Female
Height (ft) 5	Height (in) 6	Weight (lbs) 175
Hair Color Brown	Eye Color Brown	

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10. OTHER NAMES

No Information Filed

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11. RESIDENTIAL HISTORY

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

From	To	Street	City	State	Country	Postal Code
03/1997	PRESENT	14 RICHBELL ROAD	WHITE PLAINS	NY	UNITED STATES	10605
05/1992	03/1997	2115 STORY AVE	BRONX	NY	UNITED STATES	10473

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12. EMPLOYMENT HISTORY

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.

From	To	Name of Firm or Company	Investment-Related business?	City	State	Country	Position
09/1994	02/2007	PRISTINE CAPITAL HOLDINGS, INC.	<input type="radio"/> Yes <input checked="" type="radio"/> No	WHITE PLAINS	NY		CHAIRMAN & CEO
04/1999	02/2007	PRISTINE SECURITIES, LLC	<input checked="" type="radio"/> Yes <input type="radio"/> No	WHITE PLAINS	NY		OTHER - MEMBER

12/1992	09/1994	JUJAMCYN THEATRES	<input type="radio"/> Yes <input checked="" type="radio"/> No	NEW YORK	NY		OTHER - ACCOUNTANT
11/1990	12/1992	GUIDE ENTERPRISES, INC.	<input type="radio"/> Yes <input checked="" type="radio"/> No	NEW YORK	NY		OTHER - ACCOUNTANT
11/1989	08/1990	VIACOM, INC.	<input type="radio"/> Yes <input checked="" type="radio"/> No	NEW YORK	NY		OTHER - JR ACCOUNTANT

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13. OTHER BUSINESS

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☒ Yes ☐ No

THE NAME OF THE OTHER BUSINESS IS VELEZ CAPITAL MANAGEMENT, LLC....

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BD PAGE 2 EXECUTION

EXECUTION:

For the purposes of complying with the laws of the State(s) designated in Item 2 relating to either the offer or sale of securities or commodities, the undersigned and *applicant* hereby certify that the *applicant* is in compliance with applicable state surety bonding requirements and irrevocably appoint the administrator of each of those State(s) or such other person designated by law, and the successors in such office, attorney for the *applicant* in said State(s), upon whom may be served any notice, process, or pleading in any action or *proceeding* against the *applicant* arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of those State(s), and the *applicant* hereby consents that any such action or *proceeding* against the *applicant* may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if *applicant* were a resident in said State(s) and had lawfully been served with process in said State(s).

The *applicant* consents that service of any civil action brought by or notice of any *proceeding* before the Securities and Exchange Commission or any *self-regulatory organization* in connection with the *applicant's* broker-dealer activities, or of any application for a protective decree filed by the Securities Investor Protection Corporation, may be given by registered or certified mail or confirmed telegram to the *applicant's* contact employee at the main address, or mailing address if different, given in Items 1E and 1F.

The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)	Name of Applicant OLIVER LIONEL VELEZ
Authorized Signatory	Title PRESIDENT & MANAGING DIRECTOR